Medi-Cal Managed Care Division

state of california

Medi-Cal Managed Care
External Quality Review Organization

Report of the

2005 Annual Review
Health Plan of San Mateo

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Delmarva Foundation
Improving Healthcare in the Communities We Serve.

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2005 Annual Review: Health Plan of San Mateo

Introduction

The California Department of Health Services (DHS) is charged with the responsibility of evaluating the quality of care provided to Medi-Cal recipients enrolled in contracted Medi-Cal managed care plans. To ensure that the care provided meets acceptable standards for quality, access, and timeliness, DHS has contracted with the Delmarva Foundation for Medical Care, Inc. (Delmarva) to serve as the External Quality Review Organization (EQRO).

Following federal requirements for an annual assessment, as set forth in the Balanced Budget Act of 1997 and federal EQRO regulations, Delmarva has conducted a comprehensive review of Health Plan of San Mateo's to assess the plan's performance relative to the quality of care, timeliness of services, and accessibility of services.

For purposes of assessment, Delmarva has adopted the following definitions:

- Quality, stated in the federal regulations as it pertains to external quality review, is defined as "the degree to which an MCO or PIHP increases the likelihood of desired health outcomes of its recipients through its structural and operational characteristics and through the provision of health services that are consistent with current professional knowledge" ("Final Rule: External Quality Review", 2003).

- Access (or accessibility) as defined by the National Committee for Quality Assurance (NCQA), is the "timeliness in which an organization member can obtain available services. The organization must be able to ensure accessibility of routine and regular care and urgent and after-hours care" ("Standards and Guidelines", 2003).

- Timeliness as it relates to Utilization Management (UM) decisions is defined by NCQA as when "the organization makes utilization decisions in a timely manner to accommodate the clinical urgency of the situation. The intent is that organizations make utilization decisions in a timely manner to minimize any disruption in the provision of health care" ("Standards and Guidelines", 2003). An additional definition of timeliness given in the National Health Care Quality Report "refers to obtaining needed care and minimizing unnecessary delays in getting that care" ("Envisioning the National Health Care", 2001).

Although Delmarva's task to assess how well Health Plan of San Mateo performs in the areas of quality, access, and timeliness from a HEDIS performance, member satisfaction, quality improvement project and systems performance review perspective, it is important to note the interdependence of quality, access and timeliness. Therefore a measure or attribute identified in one of the categories of quality, access or timeliness may also be noted under either of the two other areas.

Methodology and Data Sources

Delmarva utilized four sets of data to evaluate Health Plan of San Mateo's (HPSM) performance. The data sets are as follows:

- 2004 Health Employer Data Information Set (HEDIS) HEDIS, is a nationally recognized set of performance measures developed by the National Committee for Quality Assurance (NCQA). These measures are used by health care purchasers to assess the quality and timeliness of care and service provision to members of managed care delivery systems.
- 2004 Consumer Assessment of Health Plan Satisfaction (CAHPS), Version, 3.0H CAHPS is also a nationally employed survey also developed by NCQA. It is used to assess managed care members satisfaction with the quality, access and timeliness of care and services offered by managed care organizations. CAHPS offers a standardized methodology that allows potential managed care beneficiaries to compare health plans. This comparison is designed to help the potential beneficiary select a health plan that offers the quality and access to care compatible with their particular preferences.
- Summaries of plan-conducted Quality Improvement Projects (QIPs).
- Audit and Investigation (A&I) Medical Audits – conducted by the Audit and Investigation Division of DHS to assess compliance with contract requirements and State regulations.

Background on Health Plan of San Mateo

Health Plan of San Mateo (HPSM) is a full service, not for profit health plan contracted in San Mateo County as a county organized health system (COHS). The Plan has been licensed in accordance with the provisions of the Knox-Keene Health Care Service Plan Act since July 31, 1998. As of July, 2003, HPSM's total Medi-Cal enrollment includes 46, 408 members.

During the HEDIS reporting year of 2004, Health Plan of San Mateo collected data related to the following clinical indicators as an assessment of quality:

- Childhood Immunizations

- Breast Cancer Screening
- Cervical Cancer Screening
- Chlamydia Screening
- Use of Appropriate Medications for People with Asthma

To assess member satisfaction with care and services offered by Health Plan of San Mateo, the CAHPS survey, version 3.0 H was fielded among a random sample of health plan beneficiaries. The survey was administered to adults and parents of children for whom Health Plan of San Mateo provides insurance coverage. Within the sample of children selected is a subset population of children who are identified as having chronic care needs (CCC population). This population differentiation provides regulators and other interested parties understand if children with more complex needs experience differences in obtaining care and services compared to children within the Medi-Cal population.

With respect to the Quality Improvement Projects, HPSM submitted the following for review:

- Adolescent Health Collaborative Project.
- Increasing Breast Cancer Screening Rates.
- Increasing Cervical Cancer Screening Rates.
- Diabetes Collaborative.
- Initial Health Assessment Project.

The health plan systems review for HPSM reflects findings assessed by DMHC. This review was conducted August 10, 22, 23, and September 28, 2001. This process includes document review, verification studies, and interviews with HPSM staff.

These activities assess compliance in the following areas:

- Plan Organization and Staffing
- Utilization Management
- Quality Assurance Program
- Accessibility of Services
- Continuity of Care
- Grievance System

Delmarva also reviewed the results of a routine monitoring review conducted by the DHS Medi-Cal Managed Care Division, Plan Monitoring/Member Rights Branch. The focus of this review, covering services provided from September 2003-August 2004, was to assess how well member grievances and prior authorizations are processed and monitored. Additionally, Delmarva evaluated the cultural and linguistic services offered by HPSM.

Quality At A Glance

HEDIS®

The HEDIS areas assessed for clinical quality can be found on page three of this report.

The table below shows the aggregate results obtained by HPSM.

Table 1. 2004 HEDIS Quality Measure Results for Health Plan of San Mateo

HEDIS Measure	2004 HPSM Average	Medi-Cal Managed Care Weighted Average	2004 National Medicaid HEDIS Average
Childhood Immunization Status	61.8%	64.7%	61.8%
Breast Cancer Screening	55.1%	53.1%	55.8%
Cervical Cancer Screening	45.0%	60.8%	63.8%
Chlamydia Screening in Women	49.6%	38.5%	45.0%
Use of Appropriate Medications for People with Asthma	55.4%	61.0%	64.2%

HPSM exceeded the Medi-Cal managed care average for two measures HEDIS measures and fell below the National Medicaid HEDIS average for three measures. The "Breast Cancer Screening" measure result for HPSM exceeded the Medi-Cal managed care average although it fell below the National Medicaid HEDIS average. These results are less favorable when compared to the National Medicaid HEDIS average.

CAHPS® 3.0H

As can be expected, Medi-Cal enrollees' perceptions of the quality of care received are closely related to their satisfaction with providers and overall health care services. Therefore, the CAHPS survey also questioned parents of HPSM enrollees regarding their satisfaction with care. Also surveyed was a subset of the HPSM childhood population who has chronic care needs. They are reflected by the CCC notation in the table. The non CCC reflects the parents' response for children in the HPSM population not identified as having chronic care needs.

Table2. 2004 CAHPS Quality Measure Results for Health Plan of San Mateos

CAHPS Measure	Population	2004 HPSM Weighted Average	2004 Medi-Cal Average
Getting Needed Care	Adult	72%	69%
	Child	77%	77%
	CCC	73%	N/A
	Non-CCC	80%	N/A
How Well Doctors Communicate	Adult	56%	51%
	Child	56%	52%
	CCC	61%	N/A
	Non-CCC	55%	N/A

CAHPS data reveals that the perception of getting needed care is more favorable for parents of children as compared to adults. However, the HPSM adult rate exceeded the Medi-Cal managed care average (72% versus 69%). The child rate for this measure scored equivalent to the comparison average. Also of note is that parents of children with chronic care conditions (CCC) report less satisfaction with "Getting Needed Care" than their Medi-Cal peers. The finding of lower satisfaction with this group highlights the need for HPSM's practitioner network's to enhance its sensitivity to the needs of this more vulnerable population.

Review of data indicating members' perception of "How Well Doctors Communicate" demonstrates that HPSM members perceive that practitioner communication is very favorable. The HPSM adult and child rates for this measure exceeded the Medi-Cal managed care average. The finding that parents of the CCC population have a higher rate of satisfaction with communication as parents of Medi-Cal children (61% versus 56%) leads to the belief that practitioners do differentiate in their communication style between the two groups.

Quality Improvement Projects

In the area of Quality Improvement Projects (QIPs), HPSM used the quality process of identifying a problem relevant to their population, setting a measurement goal, obtaining a baseline measurement and performing targeted interventions aimed at improving the performance. However, after the re-measurement periods, qualitative analyses often identified new barriers that impacted HPSM's success in achieving its targeted goal. Thus quality improvement is an ever evolving process that may not be actualized due changes in the study environment from one measurement period to the next.

The quality improvement projects (QIP) performed by HPSM can be found on page three of this report. The following section provides a synopsis of each QIP undertaken by HPSM.

Adolescent Health Collaborative Project

- Relevance:
  - HEDIS rates show underutilization of well care visits by adolescents.
  - Many of the risky behaviors carried into adulthood begin in adolescence therefore to screening and education during adolescence is critical for good health.
- Goals:
  - To improve adolescent member access to annual routine well care visits.
  - To improve the quality of care and services provided to adolescent members at the time of routine and episodic care as measured by a post-visit survey tool.
- Best Interventions:
  - Configured the eligibility data algorithm to automatically assign teens to teen-friendly providers.
  - Collaborated with community providers for training related to adolescent health.
  - Conducted post-visit surveys with adolescents having well care visits to determine strengths and opportunities.
- Outcomes: N/A - This project is a baseline measure.
  - Attributes/Barriers to Outcomes:
  - Lack of knowledge by providers of the annual adolescent well care visit coverage and reimbursement vs. CHDP 4 periodicity and reimbursement.
  - Lack of knowledge regarding the components of an adolescent well care visit.
  - Lack of understanding among members regarding coverage and components of the adolescent well care visit.

Increasing Breast Cancer Screening Rates

- Relevance:
  - Population served by HPSM is considered high risks due to their low socioeconomic status thus are less likely not to have screening done.
- Goals:
  - Improve the rate of breast cancer screening through the implementation of interventions that improve care.
- Best Interventions:
  - Developed and implemented the Well Woman Program to offer telephone outreach, education and navigation services.
  - Generated breast cancer screening rates for all PCPs and sent list of women needing mammograms to PCPs.
  - Recruited female Asian physician to serve Asian-speaking population.

- Outcomes: Breast Cancer Screening Rates:
  - Baseline: 1999: 59.4%
  - Re-measure 1: 2000: 59.8%
  - Re-measure 2: 2001: 59.5%
  - Re-measure 3: 2002: 57.2%
  - Re-measure 4: 2003: 55.1%
- Attributes/Barriers to Outcomes:
  - Barrier: Inability to reach all in the targeted population due to inaccurate.
  - Barrier: Insufficient contact with providers of members who are in need of mammography.
  - Barrier: Lack of access to Asian speaking physician.

Increasing Cervical Cancer Screening Rate

- Relevance:
  - HPSM serves a population considered high risk for the development of cervical cancer due to their low socioeconomic status which makes them less likely to have screening done prior to the progression of disease.
- Goals:
  - To decrease the percentage of members who did not receive a Pap screening by 10% from baseline measure.
- Best Interventions:
  - Developed and implemented the Well Woman Program to offer telephone outreach, education and navigation services.
  - Telephone outreach to members who should have had pap screening but did not.
  - Implemented the National Asian Women's Health Organization to promote cultural competency among providers.
- Outcomes: Cervical Cancer Screening Rates:
  - Baseline: 1999: 44.8%
  - Re-measure 1: 2000: 44.0%
  - Re-measure 2: 2001: 43.5%
  - Re-measure 3: 2002: 44.1%
  - Re-measure 4: 2003: 45.0%
- Attributes/Barriers to Outcomes:
  - Barrier: Lack of female clinicians to perform pap screening.
  - Barrier: Cultural beliefs of the targeted membership.
  - Barrier: Insufficient contact with and encouragement from the primary care practitioner.

Diabetes Collaborative

- Relevance:
  - Cardiovascular and renal diseases are among the top diagnoses for inpatient admission comprising 60% of total inpatient admissions. Cardiovascular and renal diseases are often attributable as complications of diabetes. Therefore better control of diabetes is likely to impact the rate of cardiovascular and renal complications secondary to poorly controlled diabetes.
- Goals:
  - Improve hemoglobin A1C screening, LDL-C testing and retinal eye exams to reach the 75th percentile for each of the three measures.
- Best Interventions:
  - Provide specific feedback to clinicians regarding their patient panel rates in comparison to group and plan averages.
  - Provide support for certification in NCQA Diabetes Provider Recognition Program.
  - Track members with diabetes who are identified by baseline screening to have not had the screening or results of screening are in the lowest 10% of results compared to national standards.
- Outcomes: Hemoglobin A1c rates; LDL-C screening rates; Retinal eye exam rates.

Hemoglobin A1c	LDL-C	Retinal eye exams
Baseline: 2002: 39%	Baseline: 2002: 37.8%	Baseline: 2002: 43%
Re-measure 1: 2003: 42.3%	Re-measure 1: 2003: 44.3%	Re-measure 1: 2003: 44.6%

- Attributes/Barriers to Outcomes:
  - Barrier: Lack of physician adherence to practice guidelines.
  - Barrier: Lack of member compliance with care regimen.
  - Barrier: Lack of provider awareness and knowledge regarding diabetes care.

Initial Health Assessment Project

- Relevance:
  - Monitoring of Initial Health Assessments (IHAs) was an outcome recommendation of the DHS medical audit performed in 2003.
- Goals:
  - Increase the percentage of IHAs done and the better define the components of the exam required to consider the exam an IHA.
  - To determine if administrative data is an unbiased source to determine the "real" rate of IHAs done.
- Best Interventions:
  - Increasing the reimbursement rate for administration of an initial evaluation.
  - Piloted new member welcome calls to new members to encourage the selection of a PCP and receipt of the initial health assessment.

- Met with San Mateo County Medical Group to discuss effective use of the case management list and coordination with the county's system.

➢ Outcomes: Rate of Initial Health Assessments.
- Baseline: 1999: 41.4%
- Re-measure 1: 2000: 42.4%
- Re-measure 2: 2001: 43.4%
- Re-measure 3: 2002: 41.5%
- Re-measure 4: 2003: 40.3%

➢ Attributes/Barriers to Outcomes:
- Barrier: No methodology to identify retroactively enrolled members.
- Barrier: Potential issue of receiving an appointment for an IHA within the 120 day standard.
- Barrier: Lack of field outreach by member services.

Table 3 represents the Qualitative Results of each QIP.

Table 3: Quality Improvement Project Performance Results- HPSM

Health Plan	PIP Activity	Indicator	Baseline	Re-measurement #1	Re-measurement #2	Re-measurement #3	Re-measurement #4
Health Plan of San Mateo	Adolescent Health Collaborative Project	Rates of members who received an Adolescent Well Care Visit	2003 30.1%				
	Improving Breast Cancer Screening Rate	Rate of members who received breast cancer screening according to HEDIS specification	1999 59.4%	2000 59.8%	2001 59.5%	2002 57.2%	
	Improving Cervical Cancer Screening Rates	Rate of members who received cervical cancer screening according to HEDIS specification	1999 44.8%	2000 44.0%	2001 43.5%	2002 44.1%	
	Diabetes Collaborative	Hemoglobin A1c screening LDL-C testing Retinal eye exams	2002 39% 37.8% 43%	2003 42.5% 44.3% 44.6%			
	Initial Health Assessments	Rate of members who received an initial health assessment	1999 41.4%	2000 42.4%	2001 43.4%	2002 41.5%	2003 40.3%

Health Plan Oversight Review Findings

Delmarva reviewed the results of the medical audit performed by DMHC. Within the health plan oversight component of the quality review, the following review requirements were identified by DMHC as in need of improvement:

- Quality Management
  - QA Program
  - Governing Body Oversight

To address these opportunities, DMHC conducted active oversight of HPSM's corrective action process. HPSM implemented recommendations to correct identified opportunities related to Quality Review Requirements.

Summary of Quality

In summary, Health Plan of San Mateo demonstrates a quality-focused approach in administering care and services to its members. The plan demonstrates an integrated approach to working with its members, practitioners, providers and the internal health plan departments to improve overall healthcare quality and services.

Access At A Glance

Access to care and services has historically been a challenge for Medicaid recipients enrolled in fee-for-service programs. One of the Medi-Cal Managed Care Division's (MMCD) goals is to adequately protect enrollee access to care. Access is an essential component of a quality-driven system of care. The findings in regards to access are displayed in the following sections.

HEDIS®

Looking at access from a HEDIS perspective, access and availability of care are addressed through the Prenatal and Postpartum Care HEDIS measure. Two rates are calculated for this measure, the timeliness of prenatal care and the completion of a postpartum check-up following delivery.

Table 4: 2004 HEDIS Access Measure Results for Health Plan of San Mateos

HEDIS Measure	2004 HPSM Average Rate	Medi-Cal Managed Care Weighted Average	2004 National Medicaid HEDIS Average
Timeliness of Prenatal Care	70.7%	75.7%	76.0%
Postpartum Check-up Following Delivery	55.7%	55.7%	55.2%

HPSM scored below the Medi-Cal managed care average and the National Medicaid HEDIS average for the "Timeliness of Care" rate. The "Postpartum Check-up Following Delivery" rate was equivalent to the Medi-Cal managed care average and exceeded the National Medicaid HEDIS average. Postpartum care is impacted by the health plan's access to correct demographic information for outreach to postpartum members. These results demonstrate that there is potential for improvement in the area of access pertaining to this measure.

CAHPS®

Member satisfaction scores related to access to services are addressed in a composite rating calculated as part of the CAHPS survey. This composite rating for "Getting Care Quickly" is used as a proxy measure for access and availability.

Table 5: 2004 CAHPS Access Measure Results for Health Plan of San Mateos

CAHPS Measure	Population	2004 HPSM Average	Medi-Cal Managed Care Weighted Average
Getting Care Quickly	Adult	37%	35%
	Child	41%	38%
	CCC	43%	N/A
	Non-CCC	40%	N/A

Findings from 2004 indicate that HPSM scored above the Medi-Cal managed care average for the adult and child population in this measure. However of greater importance is the fact that children with chronic care needs (CCC) have slightly more satisfaction with access than HPSM's Medi-Cal children's population. When considered with the CAHPS quality assessment for getting care when needed, one can deduce that the complex care population is less satisfied with their ability to obtain routine care and when they perceive a more urgent need, they are better able to obtain care compatible with their expectations. We can infer from these results that this is an area of strength for HPSM.

Quality Improvement Projects

Health Plan of San Mateo's quality improvement projects all focused upon improvement of clinical indicators. However, within the barrier analyses for each project, potential access barriers were frequently identified. The identification of these access barriers is followed by interventions targeted to improve access. Several of the QIP activities identified access as a barrier in the performance of the qualitative analysis of their projects. Actions were then taken to ameliorate or when possible, eliminate the identified access barrier. For examples of access barriers identified, refer to the quality section discussion of QIP activities: attributes/barriers to outcomes.

Health Plan Oversight Review Findings

Delmarva reviewed the results of the medical audit performed by DMHC. This audit covered health plan activity from 2001 and encompassed a compliance review considering requirements which represent proxy measures for access. There were no deficiencies identified related to Access Review Requirements.

Summary of Access

Overall, access is an area where continued work towards improvement occurs. Combining all the data sources used to assess access, HPSM continues to identify and attempt to address access in their QIP projects. HPSM is to be commended having no deficiencies related to access requirements during the Health Plan Oversight Review process.

Timeliness At A Glance

Access to necessary health care and related services alone is insufficient in advancing the health status of Medi-Cal managed care enrollees. Equally important is the timely delivery of those services. The findings related to timeliness are revealed in the sections to follow.

HEDIS®

Timeliness of care is assessed using the results of the HEDIS Adolescent Well Care Visits and Well Child Visits in the First 15 Months of Life, as well as the DHS developed Blood Lead Level Testing measure. All Medi-Cal managed care plans were required to submit these measures.

Table 6: 2004 HEDIS Timeliness Measure Results for Health Plan of San Mateos

HEDIS Measure	2004 HPSM Average Rate	Medi-Cal Managed Care Weighted Average	2004 National Medicaid HEDIS Average
Well Child Visits in the First 15 Months of Life - 6 or more visits	54.9%	48.7%	45.3%
Adolescent Well-Care Visits	30.1%	33.9%	37.4%
Follow-Up Rate for Children with elevated BLL at 24 Months	N/A	53.7%	N/A
Follow-Up Rate for Children with elevated BLL at 27 Months	N/A	33.1%	N/A

The "Well Child Visits in the First 15 Months of Life" measure exceeded both the Medi-Cal managed care average and the National Medicaid HEDIS average by several percentage points. However, the "Adolescent Well-Care Visits" measure fell below both comparison averages. When looking at this data compared to the HEDIS childhood immunization results for HPSM, it is of interest that the immunization rate is found to be lower than the average, yet the "Well Child Visits in the First 15 Months of Life" measure was high. Since the well child visit rate is higher, one would think that the immunization rate may be higher as well, yet this is not the case. These results may indicate opportunities for improvement in the area of timeliness.

CAHPS®

Member satisfaction scores related to timeliness of services are addressed in two composite ratings calculated as part of the CAHPS survey: Courteous and Helpful Office Staff and Health Plan's Customer Service.

Table 7: 2004 CAHPS Timeliness Measure Results for Health Plan of San Mateos

CAHPS Measure	Population	2004 HPSM Average Rate	2004 Medi-Cal Average
Courteous and Helpful Office Staff	Adult	61%	54%
	Child	52%	53%
	CCC	61%	N/A
	Non-CCC	51%	N/A
Health Plan's Customer Service	Adult	59%	70%
	Child	65%	65%
	CCC	60%	N/A
	Non-CCC	70%	N/A

Member's perception of courteous and helpful office staff generally impacts utilization of services. HPSM adult members find office staff more helpful when compared to the general Medi-Cal population. However, the HPSM child rate for this measure fell slightly below to the Medi-Cal average (52% versus 53%). If staff is not perceived helpful or courteous, members may not feel able to get information needed to obtain care. It is noteworthy that parents of children with chronic care needs find office staff more courteous and helpful than general Medi-Cal enrollees. This is important as this population often requires more guidance from office staff in order to avoid crisis care management. HPSM adult members generally find health plan customer services staff less helpful than the child and CCC population. The adult rate for this measure fell below the Medi-Cal average by several percentage points (59% versus 70%). The CCC population is likely to require more information related to direct medical care however this population scored below child rate for this measure. This information is likely to be better provided by the medical office staff. There may be opportunities for improvement related to the area of timeliness pertaining to these measures.

Quality Improvement Projects

Timeliness was a focal area of attention in most of the QIPS. Member-focused efforts consisted of assuring that members were reminded of preventive services prior to the age range when the services are due. HPSM used a variety of mechanisms to address timeliness, including sending birthday card reminder, disseminating preventive health guidelines to members and clinicians and providing evidence-based literature to the practitioner network. Practitioner barriers related to timeliness issues focus upon the lack of timely provision of care or services due to missed opportunities.

Issues related to timeliness of services may very likely be impacted by access. HPSM acknowledged the relationship between timeliness and access within the barrier analysis of the QIP where access was often identified as a barrier. If care or service cannot be obtained, timely provision of the needed service is unlikely. The interdependence of access and timeliness is further illustrated in QIP studies that are HEDIS-related and focus upon services received (access) as well as the timeframe in which the service was provided (timeliness).

Health Plan Oversight Review Findings

Delmarva's review of DMHC's plan survey activity from 2002 evidenced that the review requirements monitored reflect adequate proxy measures for timeliness. The following review requirements were identified by DMHC as in need of improvement:

- Utilization Management
  - Clinical Practice Guidelines

To address this opportunity, DMHC conducted oversight of HPSM's corrective action process. HPSM implemented recommendations related to Timeliness Review Requirements to correct identified opportunities.

Summary for Timeliness

Timeliness barriers are often identified as access issues. HPSM addressed timeliness in its QIP activities. Each HEDIS quality measure combines the receipt of the service with the timeframe for provision of the service. Both elements must be met to achieve compliance. Since most of the QIPS focus upon HEDIS-related topics and methodology, HPSM demonstrates an awareness of the importance of timeliness in the provision of overall quality care and service. The QIP activity "Initial Health Assessment" is an example of a non-HEDIS project that directly addresses the timeliness of new enrollees' receipt of the IHA with the timeframe requirement. Thus HPSM acknowledges the importance of timely care external to HEDIS-related activities.

Overall Strengths

Quality:

- Commitment of HPSM management staff towards quality improvement as evidenced by the rapid response and resolution of the deficiencies cited during the audit and investigation reviews.
- HPSM scored above the national Medicaid average for the rate of breast cancer and chlamydia screening.
- HPSM adult enrollees and parents of child enrollees expressed greater satisfaction with the communication of their doctors when compared to Medi-Cal enrollees in general.

Access:

- HPSM met the Medi-Cal average and scored above the Medicaid national average for postpartum check ups after delivery.
- HPSM adult enrollees as well of parents of child enrollees expressed greater satisfaction with their ability to obtain care quickly compared to Medi-Cal enrollees in general and Medicaid beneficiaries on a national level. Although improvement remains a goal, this supports the findings related to access during the Health Plan Oversight Review.

Timeliness:

- HPSM scored above the Medi-Cal average and national Medicaid average for well child visits during the first 15 months of life. This finding supports the fact that HPSM met the Medicaid average for childhood immunizations.
- Health Net's recognition of the interdependence of access and timeliness for improvement of care and/or services to be realized.

Recommendations

- Perform a formal root cause analysis exercise to understand target goals were not achieved.
- Review QIP documentation to assure that all quantifiable measures under study have reportable data findings or that the measure is removed from the QIP documentation if there is a change in what data will be reported.
- Conduct follow-up assessments of the perception of the intended audience receiving educational endeavors. Follow-up with practitioners and/or members to determine if educational materials were impacted the desired behavior or outcome helps to assess the effectiveness of the activity.
- Perform periodic monitoring within areas identified in the medical audit as deficient to make certain that the actions undertaken to correct the issues remain effective.
- Perform further investigation of low satisfaction areas identified by CAHPS.
- Assess the disparities in quality of care and/or services among differing ethnic populations within the managed care membership. Understanding this phenomenon will enable focused resource allocation.
- Coordinate activities between quality and provider relations staff to enhance the likelihood of compliance with timeliness standards.

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